



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. _____

1. DATE OF REPORT	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE	
3. COMMITTEE MAILING ADDRESS	4. COMMITTEE TELEPHONE NUMBER
CITY / STATE / ZIP	
5. TREASURER'S NAME	
6. TREASURER'S MAILING ADDRESS	7. TREASURER'S TELEPHONE NUMBER
CITY / STATE / ZIP	HOME:
	WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER
CITY / STATE / ZIP	HOME:
	WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE)
	<input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT	
FROM	THROUGH
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15. TYPE OF REPORT
<input type="checkbox"/> CHECK IF INCUMBENT	<input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION
<input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	<input type="checkbox"/> COMMITTEE QUARTERLY REPORT
	<input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15
	<input type="checkbox"/> 8 DAYS BEFORE
	<input type="checkbox"/> 30 DAYS AFTER ELECTION
	<input type="checkbox"/> TERMINATION (ATTACH FORM CO-3)
	<input type="checkbox"/> SEMIANNUAL DEBT REPORT
	<input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15
	<input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15
	<input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE
	<input type="checkbox"/> OTHER
	<input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20 ____
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.	I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.
_____ TREASURER'S SIGNATURE	_____ CANDIDATE'S SIGNATURE

**COMMITTEE DISCLOSURE REPORT
COVER PAGE
INSTRUCTIONS**

FORM CD
Cover Page

PURPOSE:

Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. NOTE: Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

CONTENT OF FORM:

- Item 1:** Enter the date the report is submitted.
- Item 2:** Enter the full name of the committee as reported on the Statement of Organization (Form CO-1).
- Item 3:** Enter the committee's mailing address (if any).
- Item 4:** Enter the committee's telephone number (if any).
- Item 5:** Enter the full name of the committee treasurer.
- Item 6:** Enter the committee treasurer's full mailing address.
- Item 7:** Enter the full name of the deputy treasurer (if any).
- Item 8:** Enter the treasurer's home and business telephone numbers.
- Item 9:** Enter the deputy treasurer's full mailing address.
- Item 10:** Enter the deputy treasurer's home and business telephone numbers.
- Item 11:** Enter the date of the election for which the report is being filed.
- Item 12:** Check the correct box for the type of election for which the report is being filed.
- Item 13:** Enter the opening and closing dates of the period covered by this report.
- Item 14:** Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdivision, and political party affiliation.
- Item 15:** Check the appropriate box indicating the type of report your committee is filing.
- Item 16:** The treasurer must sign this report.
- Item 17:** Candidate committees only: The candidate must sign the report.

MISSOURI ETHICS COMMISSION

Campaign Finance
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(800) 392-8660

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helpdesk@mec.mo.gov

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION